

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING ADMINISTRATION**

Intermediate Care Facilities Division
899 North Capitol Street NE, 2nd Floor
Washington, D.C. 20002



Phone: (202) 724-8800
Fax: (202) 442-9430
Website: www.doh.dc.gov

APPLICATION FOR CHILD PLACING AGENCY LICENSE

(PLEASE PRINT or TYPE)

Part I.

Name of Agency:	Agency Telephone No: () Agency Fax No: ()
DC Agency Location:	
Corporate Name:	Corporate Phone No: () Agency Fax No: ()
Corporate Location:	

Part II.

Executive Director:	Home Address:	Telephone No: ()
Social Security Number	Highest Level of Education Completed:	Email Address:

Signature: *(Include Maiden Name, If Applicable)*

_____ Date: _____
(Executive Director)

Part III.

Name of Applicant:	Social Security Number:	Home Telephone No. of Applicant
Home Address of Applicant:		Relationship of Applicant(s) to Child Placing Agency:

Signature: _____ Date: _____
(President of Board)

(ALL Signatures above indicate that I have received, read, and understood DCMR 29, Chapter 16, Standards of Placement, Care and Services of the Child Placing Agencies Regulations)

Return to: Department of Health-Health Regulation & Licensing Administration-Intermediate Care Facilities Division-
899 North Capitol Street N.E., 2nd Floor, Washington, D.C. 20002. Phone: (202) 724-8800 Fax: (202) 442-9430

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health
Health Regulation & Licensing Administration



Intermediate Care Facilities Division

CLEAN HANDS CERTIFICATION

TO THE APPLICANT: PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE DEPARTMENT PROCEED IMMEDIATELY TO DENY THE LICENSE FOR WHICH YOU ARE NOW APPLYING, OR REVOKE A LICENSE WHICH YOU ALREADY HAVE, AND FINE YOU \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE 'CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996' (EFFECTIVE MAY 11, 1996, D.C. LAW 11-118, D.C. CODE § 47-861 et seq.)

I, _____ certify that I do not owe more than \$100.00 to the District of Columbia as a result of _____.
Date

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Act of 1995, effective March 25, 1986 (D.C. Law 6-100; D.C. Code § 6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-29) 1 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
4. Past due taxes.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification.

Signature of Applicant

Title

RETURN WITH THE APPLICATION TO:

The Department of Health, Health Regulation Administration, Intermediate Care Facilities Division, 899 North Capitol Street, NE, Second Floor, Washington, DC 20002 Phone (202) 724-8800.

YOU CAN MAKE A DIFFERENCE! Report Violations of fraud, waste, abuse, and mismanagement in DC Government to the Office of the Inspector General (OIG) by FAXING the OIG at (202) 727-9864 or calling the OIG HOTLINE at (202) 727-0267. All calls are CONFIDENTIAL.